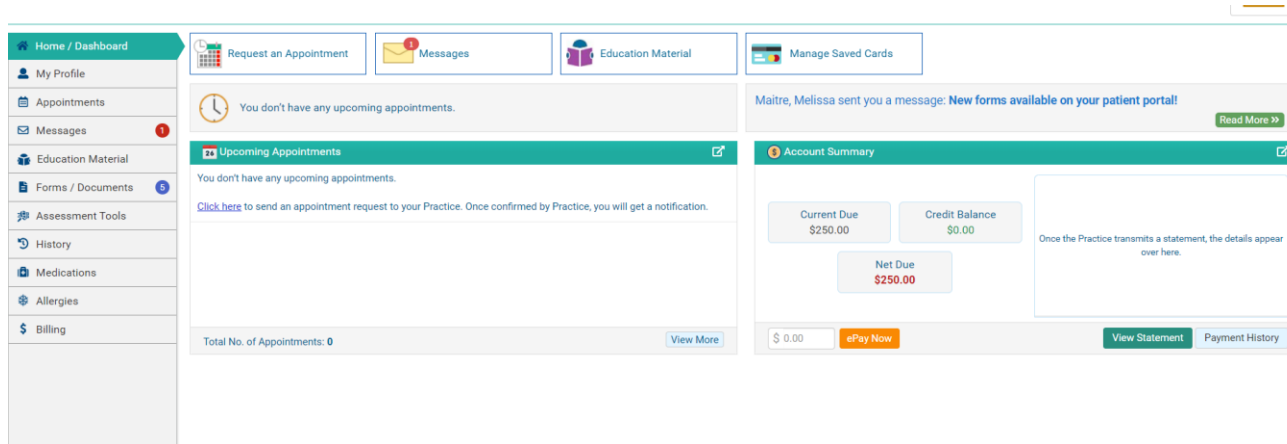
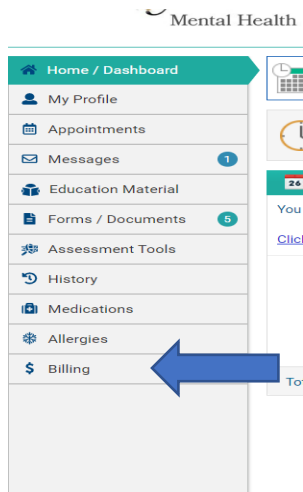


Insync Patient Portal for Superbills:

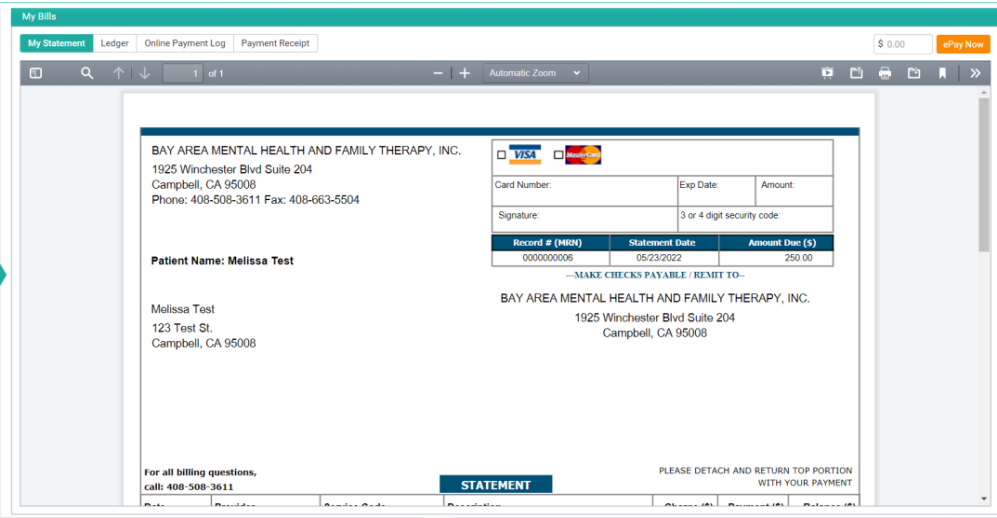
1. Log in to patient portal and you should be able to see your dashboard



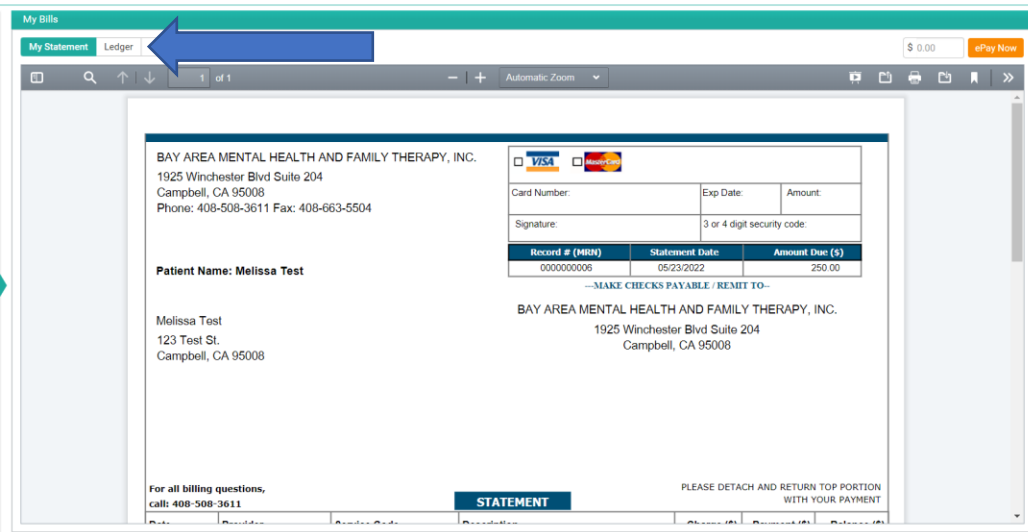
2. On the left hand side of your dashboard you have options to update different areas of your file. Click on the bottom button billing:



3. My statement should be highlighted, and you should be able to see your current invoice, if applicable:



4. Next click on the word ledger:



5. **Click to identify the date range and providers you would like to see claims for: (our recommendation is all for responsibility, all providers) Click Search and it will generate all claims(all services you have scheduled/attended or no show appts)**

My Bills

My Statement **Ledger** Online Payment Log Payment Receipt

Search

Responsible: All Facility: All Provider: All

Claim#: DOS From: To Date of Accident: To

Search Clear Print Include Printed / Transmitted Statement History in Print

BAY AREA MENTAL HEALTH AND FAMILY THERAPY, INC.
 1925 Winchester Blvd Suite 204
 Campbell, CA 95008-1038
 Phone: 408-508-3611; Fax: 408-663-5504
 Tax Id: 81-1369105 NPI: 1477096550

Test, Melissa (MRN: 0000000006)
 123 Test St.
 Campbell, CA 95008

Patient Financial Ledger

Claim#	DOS	Diagnosis	Facility	Provider(NPI)	(\$ Billed)	(\$ Allowed)	(\$ Ins Pay)	(\$ Pat Pay)	(\$ Adj.)	(\$ Write-Off)	(\$ Refund)	(\$ Balance)
718696	04/19/2022	R69	Bay Area Ment...	Butler, Linnea	250.00	0.00	0.00	0.00	0.00	0.00	0.00	250.00
Total					250.00	0.00	0.00	0.00	0.00	0.00	0.00	250.00

Financial Summary

Responsibility wise Aging						Balance	
	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Primary (\$):	Secondary (\$):
Insurance Aging (\$)	0.00	0.00	0.00	0.00	0.00	0.00	0.00%



6. **To print/download for insurance: Click the button next to claim and the plus sign for all claims you wish to print.**

Campbell, CA 95008-1038
 Phone: 408-508-3611; Fax: 408-663-5504
 Tax Id: 81-1369105 NPI: 1477096550

Patient Financial Ledger

Claim#	DOS	Diagnosis	Facility	Provider(NPI)	(\$ Billed)	(\$ Allowed)	(\$ Ins Pay)	(\$ Pat Pay)	(\$ Adj.)	(\$ Write-Off)	(\$ Refund)	(\$ Balance)
718696	04/19/2022	R69	Bay Area Ment...	Butler, Linnea	250.00	0.00	0.00	0.00	0.00	0.00	0.00	250.00
Line Info					Diagnosis	(\$ Billed)	(\$ Allowed)	(\$ Pat Bal.)	(\$ Ins Bal.)	Responsibility		
04/19/2022	CPT/Modifiers: 90834	90834			R69 : Illness, unspecified	250.00	0.00	250.00	0.00	Patient		
	Description: PSYCHOTHERAPY W/PATIENT 45 MINUTES											
	Units: 1.00											
Total					250.00	0.00	0.00	0.00	0.00	0.00	0.00	250.00



